

# HEADLINES



Brain Injury Services Unit  
100 Fair Oaks Lane, Frankfort, KY 40621  
Phone: (502) 564-3615  
FAX: (502) 564-9010  
Email: [braininjury@mail.state.ky.us](mailto:braininjury@mail.state.ky.us)  
Internet: <http://dmhmrs.chr.state.ky.us/braininjury/>

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## Hugh Spalding Joins Staff

Hugh Spalding is the Acquired Brain Injury Needs and Resources Assessment Project Coordinator.

He brings many years of public service experience as Assistant Director of the Kentucky Division of Substance Abuse and Project Director of the Center on Substance Abuse Treatment. Hugh received his bachelor's degree in psychology from Bellarmine College in Louisville.

He is married to Zelda, "the love of his life" and has 4 children and 2 grandchildren. When not transporting children to swimming, wrestling, cross country, or dance practice, he enjoys playing an occasional round of golf, exercising, dancing, listening to "the Blues," and practicing yoga and meditation. His goal is to achieve a balanced body, mind and spirit while loving and serving others.



***Hugh Spalding is coordinator of the Acquired Brain Injury Needs and Resources***

## Welcome New providers

- Caretenders of the Bluegrass, Inc., Lexington
- Caretenders Senior Day Care Center, Lexington
- Cumberland River Region MH/MR Board, Inc., Corbin
- Kaleidoscope Younger Adult Day Center, Louisville
- Allied Consulting has expanded their case management services to include Bell, Clay, Estill, Jackson, Knox, Laurel, Lincoln, McCreary, Pulaski, Rockcastle, Russell, Scott, Wayne, Whitley counties

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### TBI Resources: Brain Injury Websites

- Centers for Disease Control: <http://www.cdc.gov/ncipc/tbi/>
- Center on Outcome Measurement in Brain Injury: <http://www.tbims.org/combi.html>
- National Rehabilitation Information Center: <http://www.naric.com/naric/search/t04.html>
- Research and Training Center on Community Integration for Individuals with TBI:

# Substance abuse and traumatic brain injury

By **TOM CLARK**

BISU Nurse Consultant

Substance and alcohol abuse often accompany and complicate the rehabilitation and recovery from a traumatic brain injury. Identification of substance abuse early in the rehabilitation process can optimize outcomes for the person with TBI. A four-step process of assessment can help identify substance abuse issues and provide the framework for the person with TBI to maximize their rehabilitation.

First, assess the alcohol or drug levels present in the person's blood levels upon admission to the trauma facility, if possible. If the trauma or emergency medical response team medical records are available, blood alcohol and drug levels should be noted along with the presence of open bottles of alcohol or drugs at the scene of the accident. High blood levels of drugs or alcohol are present in a substantial number of TBI incidents and may indicate problematic pre-injury use of these substances.

Second, canvas the person's family and significant others for substance abuse history and types and quantities of alcohol or drugs used by the person. The C.A.G.E. or S.A.A.S.T. (Self Administered Alcoholism Screening Test) gives the case manager a tested set of

*"A four-step...assessment can identify substance abuse issues and provide the framework...to maximize rehabilitation."*

questions that are easily administered to families and significant others to evaluate a person's use of substances. Case managers should be aware that these recollections may be inaccurate due to the embarrassment of the family members concerning their loved one's substance abuse history or the fear of legal action against the person or their family.

Third, the Functional Independence Measure (F.I.M.), Disability Rating Scale (D.R.S.), and Rancho Los Amigos scales allow the case manager to assess post-morbid functioning which may indicate continued substance abuse, especially if scores on these tests fall once the person returns

home. Increased mobility and the ability to return to work provides the person with TBI the resources and opportunities to obtain substances of abuse. Failure to maintain employment may indicate a return to abusing alcohol or illicit drugs.

Fourth, family supports and social interactions may be important predictors of a person's return to use of substances of abuse. If substance abuse was prevalent among the person's pre-morbid social contacts and/or substances of abuse are available in the person's residence, chances of abusing these substances is heightened. Counseling for the person and the family can be an important intervention for teaching about the destructive influence continued substance use and abuse will have on the person's rehabilitation. Assess the caregivers' attitudes toward the person and his or her recovery. If alcohol or illicit drugs are seen by caregivers to be acceptable recreational options for the person, rehabilitative outcomes will be compromised. Methods to develop a rehabilitation strategy and evaluate outcomes will be presented next month.

## Volunteers needed for ABI planning grant

The Brain Injury Services Unit has been awarded a planning grant from the federal government. The purpose of the grant is to conduct a comprehensive assessment of the needs of people with acquired brain injuries and their families. Unit staff will also be conducting an assessment of the resources that are available to meet the needs of people with acquired brain injuries and their families.

Information gathered from these assessments will be used to create a strategic plan for the development of services to persons with acquired brain injuries in Kentucky.

Help is needed with the following tasks:

1) Identification of persons with acquired brain injuries, and family members, who would be willing to answer survey questions about their needs;

2) Assisting with in-person or telephone survey interviews;

3) Identification of persons with acquired brain injuries, and family members, who would be willing to participate in focus group discussions about their needs;

4) Reaching out to Hispanic and African-American communities; and

5) Summarizing survey results.

If you are interested in participating in the planning grant activities in any capacity, please contact The Brain Injury Services Unit at (502) 564-3615.

## Case manager tips: Discharge planning

According to the Acquired Brain Injury Waiver, the Interdisciplinary Team shall begin to plan for discharge upon the participant's admission to the ABI Waiver program.

Treatment planning throughout the individual's participation in the ABI Waiver program should reflect major long term goals such as improved functioning in the home, the community, and in vocational opportunities. The discharge plan shall be submitted by the case manager to the Brain Injury Services Unit.

The purpose of this process is to ensure that appropriate supports will be in place for the individual as they re-enter the community setting.

The discharge plan should include:



- 1) An indication of the proposed date of discharge;
- 2) The skills or supports the person will have gained from the ABI Waiver

program upon discharge;

3) A listing of the on-going community supports that will be provided, and who will provide them; and

4) A listing of the additional resources that will be needed once ABI Waiver services end, and who will provide them.

If after re-evaluation, a participant is certified for continued eligibility in the ABI Waiver program, a revised and updated discharge plan should be submitted with the updated Plan of Care to the Brain Injury Services Unit.

For more information and tips on Discharge Planning, please contact Amy Morelock at the Brain Injury Services Unit (502) 564-3615.

## FYI...

- **Change In The Training Schedule:** The schedule of required basic training and case management training previously distributed by the BISU is incorrect. A corrected copy will be forwarded to every provider. For further information contact Brain Injury Association of Kentucky at 502-493-0609.
- **American Accessibility in Louisville** is available to do environmental modifications. The owner's name is Al Baron and his phone number is 502/473-1771.
- The Board of Directors of the Traumatic Brain Injury Trust Fund has recommended the award of a contract to an agency to operate the **Benefits Management Program**. The Benefit Management Program will be responsible for the operation of brain injury case management services throughout the state and for the distribution of Trust Fund benefits to applicants. The Benefits Management Program is expected to be online January 1, 2000. The name of the agency will be announced at that time.
- The Brain Injury Services Unit is seeking a temporary, **part-time clerical person**. The position will be in Frankfort and Unit staff are seeking someone to begin January 1, 2000. The position is expected to last 8 months. Interested parties should contact Alice Blackwell at 502-564-3615.
- The Brain Injury Services Unit has the MAP-708 Fact Sheet on **Medicaid Estate Recovery**. If you would like a copy of this please contact Amy Morelock at 502-564-3615.
- **Facts about the impact of Acquired Brain Injury** on Kentucky include: According to a 1993 study, Kentucky has the highest teenage death rate from motor vehicle crashes in the country. Acquired brain injury is the number one killer of young people in the U.S. and motor vehicle crashes account for the majority of these deaths. And in Kentucky, it is estimated that over 100,000 people have brain injury, a number that appears to be increasing by at least 8,000 each year.

# Upcoming events

## Meetings

### January 12, 2000

ABI Advisory Committee meeting in Elizabethtown. 1 pm to 4 pm. Location to be announced.

### March 30-31, 2000

Brain Injury Summit 2000 in Louisville.

## Trainings

### December 7, 1999

Case Management Training in Frankfort.

### December 8-10, 1999

ABI Medicaid Waiver Training in Frankfort (contact Amy Morelock at BISU to register for Frankfort sessions). Basic Orientation will be held on Dec. 8-9, Training of Trainers on Dec. 10.

### February 10, 2000

Case Management Training in London.

### February 16-18, 2000

ABI Medicaid Waiver Training in London. Basic Orientation will be held on Feb. 16-17. Training of Trainers will be held on Feb. 18.

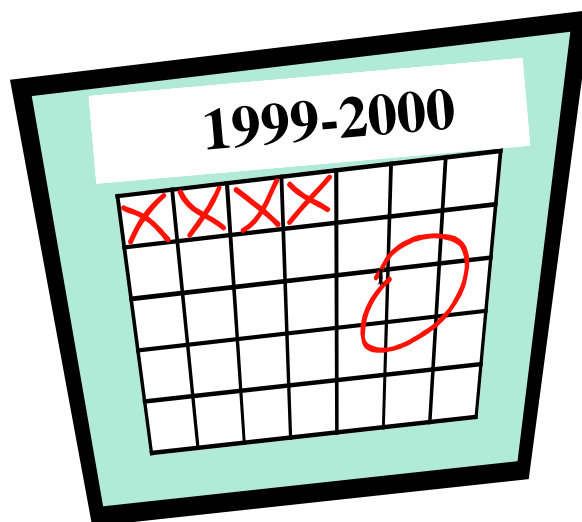
### May 9, 2000

Case Management Training in Bowling Green.

### May 10-12, 2000

ABI Medicaid Waiver Training in Madisonville. Basic Orientation on May 10-11, Training of Trainers on May 12.

For more information on these events and training: Please call the



Brain Injury Services Unit at (502) 564-3615 or the Brain Injury Association of Kentucky at 1-800-592-1117.



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KY 40621